

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 830235	RECEIPT DATE:	04 / 24 / 01
IA NUMBER:	PCT/ US99 / 25253	IA FILING DATE:	11 / 03 / 99
FAMILY NAME:	DINWIDDIE	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	AARON HAL	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	11 / 03 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	RCA 89210	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX

NAME: MR JOSEPH S TRIPOLI
THOMSON MULTIMEDIA LICENSIN
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P O BOX 5312
CITY: PRINCETON
STATE/COUNTRY: NJ ZIP: 08540
EMAIL:

APPLICATION TITLES:
METHOD AND APPARATUS FOR UPDATING COMPUTER CODE USING AN INTEGRATED C
IRCUIT INTERFACE

TAB TO LAST POSITION,PUSH SEND



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WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 4995

SERIAL NUMBER 09/830,235	FILING DATE 04/24/2001 RULE	CLASS 361	GROUP ART UNIT 2841	ATTORNEY DOCKET NO. RCA-89210
APPLICANTS Aaron Hal Dinwiddie, Cicero, IN; Kevin Eugene Nortrup, Fairland, IN; Derek Liu, Carmel, IN; Yefim Vayl, Carmel, IN;				
** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/US99/25253 11/03/1999 WHICH CLAIMS BENEFIT OF 60/106,809 11/03/1998				
** FOREIGN APPLICATIONS *****				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	STATE OR COUNTRY IN	SHEETS DRAWING 2	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 3
ADDRESS Joseph S Tripoli Thomson Multimedia Licensing Inc PO Box 5312 Princeton ,NJ 08540				
TITLE Method and apparatus for updating computer code using an integrated circuit interface				
FILING FEE RECEIVED 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			
		<input type="checkbox"/> All Fees		
		<input type="checkbox"/> 1.16 Fees (Filing)		
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)		
		<input type="checkbox"/> 1.18 Fees (Issue)		
		<input type="checkbox"/> Other _____		
		<input type="checkbox"/> Credit		